

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32826

FILED SEP 25 1952

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8217

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|---|-------------------------------|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 8217 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> | | c. LENGTH OF STAY (In this place) <u>11 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | <u>2059</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>812 GOODFELLOW AVE.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>812 Goodfellow Ave.,</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSCOE</u> | | b. (Middle) <u>C</u> | | c. (Last) <u>CHIPLEY.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 30, 1952</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>Jan. 31, 1881</u> | | 9. AGE (In years last birthday) <u>71</u> If under 1 year: Months _____ Days _____ If under 12 mos. Hours _____ Mins. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired - insurance broker Chipley Ins.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Carrollton, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Alexander Chipley</u> | | 13b. MOTHER'S MAIDEN NAME <u>Frances Burnett</u> | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY <u>493-09-0828</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Virginia Chipley-812 Goodfellow Blv'd.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis H.D.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>7</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | 21f. HOW DID INJURY OCCUR? <u>4200</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>8-22, 1952</u> , to <u>8-30, 1952</u> , that I last saw the deceased alive on <u>8-23, 1952</u> , and that death occurred at <u>3:20 P.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>L. Hayden M.D.</u> | | | | 23b. ADDRESS <u>730 Hodgkinson</u> | | 23c. DATE SIGNED <u>8/30/52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | | 24b. DATE <u>9-2-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Mausoleum</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u> | |
| DATE REC'D BY LOCAL <u>SEP 2 1952</u> | | REGISTRAR'S SIGNATURE <u>C. R. Lupton</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C.R. Lupton & Sons; 7233 Delmar Blvd;</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Arnold W. Schoene

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.